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FOR SE OF FORM 24/48			

FEC Schedule E (Form 24/28) Rev. 09/2013

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>ARIZONA GRASSROOTS ACTION PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00558445
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee <b>Outlaw Media</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 01 / 2016</b>	
Mailing Address 1000 Wilson Blvd., Ste. 2600		Amount <b>500.00</b>	
City Arlington	State VA	Zip Code 22209	Transaction ID : <b>SE.5427</b>
Purpose of Expenditure IE-McCain-Media Production	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 02 / 2016</b>	
Name of Federal Candidate JOHN S MCCAIN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AZ</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		<b>61000.00</b>	

Full Name of Payee <b>Outlaw Media</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 01 / 2016</b>	
Mailing Address 1000 Wilson Blvd., Ste. 2600		Amount <b>500.00</b>	
City Arlington	State VA	Zip Code 22209	Transaction ID : <b>SE.5428</b>
Purpose of Expenditure IE-Kirkpatrick-Media Production	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 02 / 2016</b>	
Name of Federal Candidate ANN LEILA KIRKPATRICK		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AZ</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		<b>60500.00</b>	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>1000.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	<b>61000.00</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Lisa Lisker

[Electronically Filed]

Date

MM / DD / YYYY  
**09 / 03 / 2016**

Signature